



Port Coquitlam Minor Lacrosse

Medical Information Form

PLAYER INFORMATION

Player Name:		Date of Birth:	
Home Address:		Postal Code:	
Phone #:	Cell Phone #:	Email:	
Doctor's Name:		Phone #:	
Dentist's Name:		Phone #:	
Care Card Number:			

EMERGENCY CONTACTS

Parent/Guardian 1:	Work #:	Cell phone #:
Parent/Guardian 2:	Work #:	Cell phone #:
Alternate Contact:		Relationship to player:
Home Phone:	Work #:	Cell phone #:

RELEVANT MEDICAL HISTORY: Please circle the appropriate responses and provide details below.

Y	N	Previous history of concussion	Y	N	Fainting episodes during exercise
Y	N	Epileptic	Y	N	Wears Glasses
Y	N	Wears Contact Lenses	Y	N	Are lenses shatterproof (glasses)
Y	N	Wears Dental Appliances	Y	N	Hearing Problem
Y	N	Asthma	Y	N	Trouble breathing during exercise
Y	N	Heart Condition	Y	N	Medication
Y	N	Diabetic: Type 1 _____ Type 2 _____	Y	N	Allergies
Y	N	Any condition/concern that may interfere with participation?			
Y	N	Wears a medical alert bracelet or necklace. For what purpose _____			
Y	N	Has had an illness that lasted more than a week and required medical attention in the past year			
Y	N	Has had any injuries requiring medical attention in the past year			
Y	N	Has been admitted to hospital in the last year			
Y	N	Surgery in the past year			
Y	N	Presently injured. Injured body part: _____			

Please provide details (as needed) if you answered "yes" to any of the above. Use separate sheet, if necessary.

I understand that it is my responsibility to keep the Team Manager advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, Team Management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation, and necessary treatment of my child. I hereby authorize release of information to appropriate people (coach, physician, etc.) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____